DHS-4317 2-05

Consumer Directed Community Supports

Consumer Handbook

Minnesota Department of **Human Services**

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LB #2 (12-03)

This information is available in other forms to people with disabilities by contacting us at (651) 582-1998 (voice) or toll free at (800) 747-5484. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

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Part 1 Introduction

1.1 Overview

This handbook is the result of the combined efforts between the Department of Human Services Disability Services and Aging and Adult Services Divisions, consumers, counties, advocacy groups and families. Thanks go out to all individuals who contributed to the development of this handbook.

Please note that information in this handbook is current as of February 1, 2005.

Information will be revised periodically in response to changes in state and federal requirements.

1.2 Consumer Directed Community Supports (CDCS)

Over the last 30 years the Minnesota Department of Human Services has created a long-term care system of services and supports so people with disabilities and the frail elderly can live where they choose in the community with whom they choose. Minnesota has added the Consumer Directed Community Supports (CDCS) service to waiver programs and Alternative Care in an effort to expand consumer choice to how those supports are delivered.

The federal government first approved CDCS as a service of the Mental Retardation/Related Conditions Waiver in December of 1997. As of October 2004, CDCS is being made available to people on all Medical Assistance waiver programs and the state-funded Alternative Care program, although it will not be available in all counties immediately. Our goal is to fully implement CDCS across Minnesota as of April 2005.

A. What is CDCS?

CDCS lets you, the consumer of waiver services or Alternative Care services, direct your services and supports. The Minnesota Department of Human Services knows that some people will live better if they make their own choices about services and supports and manage their own support workers (person you hire under CDCS). If you are seeking increased self-reliance, CDCS is designed to offer you more choice and flexibility.

Using CDCS you:

- Choose or design the services and supports that fit your assessed needs
- Decide when you should receive services and supports AND
- Hire the people you want (including parents and spouses) to deliver those services and supports.

CDCS allows you to ask friends, family and professional staff to help you. CDCS is monitored by the counties and the state, both to ensure your health and safety and to make sure all consumers comply with state and federal law.

CDCS is NOT available for a person living in a hospital, nursing home, Intermediate Care Facility for Persons with Mental Retardation (ICF/MR), foster care, certified board and lodging, assisted living or other licensed or registered setting.

If you choose CDCS as a waiver service and then decide that CDCS is not working for you, you can arrange to stop using CDCS services at any time and return to other waiver services. You and your county case manager, tribal entity or health plan representative will write a new plan and arrange to use other services.

This handbook has been developed to:

- Help you decide if using CDCS is right for you AND
- Guide you in using CDCS.

Please consider the information in this handbook carefully. The choice and flexibility offered by CDCS come with extra responsibilities. Learn what you need to know BEFORE you decide if CDCS is right for you.

Throughout this handbook "you" refers to the person receiving services and supports using waiver or Alternative Care programs. In some places, "you" may also refer to a person assisting the consumer.

B. Who is eligible to use CDCS?

You are eligible to use CDCS if you are enrolled in one of the following programs:

- Alternative Care (AC)
- Community Alternative Care (CAC) Waiver
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Elderly Waiver (EW)
- Mental Retardation and Related Conditions (MR/RC) Waiver
- Minnesota Disability Health Options (MnDHO)
- Minnesota Senior Health Options (MSHO)
- Traumatic Brain Injury (TBI) Waiver

If you are not enrolled in one of these programs, other options to increase control of your services and supports may be available to you.

C. Is CDCS right for me?

CDCS may be right for you if you want to:

- Have more flexibility in your services
- Gain more control over your resources
- Manage your support workers
- Hire people you know.

Deciding if CDCS is right for you involves weighing your preferences and goals, and if you want increased responsibility. If you choose CDCS, you are responsible to:

- Develop and follow your CDCS Community Support Plan (CSP)
- Hire and manage people you choose
- Follow your annual budget that is based on your assessed needs (You must do some record keeping and monitoring of services and spending).

Through CDCS you are responsible for managing people who are working for you. You can choose to get help with employer-related responsibilities and decide how much of that kind of help you need. CDCS allows consumers who want to directly employ their support workers do so, and consumers who want only to select, direct and dismiss their support workers do so. The MA provider for CDCS is called a fiscal support entity (FSE). An FSE will be able to help carry out the level of assistance each consumer chooses.

If you decide that CDCS is right for you, contact your county case manager, tribal entity or health plan representative. S/he will give you your annual budget limit and then you can begin creating your plan.

D. How much is my CDCS budget?

In order to receive any of the services from one of the waiver or Alternative Care programs, you must first be assessed by the county case manager, tribal entity or health plan representative. Based on this assessment information, the Department of Human Services determines the amount of your annual CDCS budget. You should contact your county case manager, tribal entity or health plan representative to find out your budget amount.

You must be assessed every year to remain on the waiver and CDCS. If your needs do not change, you can expect that your budget will remain about the same for the next year.

You decide how to use the funds in your CDCS budget to best meet your service and support needs and preferences within the guidelines of the CDCS service and the waiver or Alternative Care programs. The budget amount provided to you is the maximum amount of funds you have to use for the services and supports for one full year.

1.3 Community Support Plan (CSP)

Once you know what your CDCS budget amount is, you MUST develop a Community Support Plan. The Community Support Plan includes all the services and supports that will be purchased with your CDCS budget. You may develop this plan on your own or with help from a family member, friend or flexible case manager (See B. Flexible Case Management, page 8.) This plan must be approved by the county case manager, tribal entity or health plan representative BEFORE you can begin receiving services.

The Community Support Plan is a roadmap for your service and support system. It describes:

- Who will provide the services and supports
- What qualifications and/or training support workers need to have
- How much support workers or formal provider staff will be paid
- What services will be delivered
- How often services will be delivered
- What the emergency backup plan is
- How the plan will be monitored.

You develop the Community Support Plan at the start of CDCS services. Your county case manager, tribal entity or health plan representative MUST approve the plan and review it with you at least once a year.

The Community Support Plan also gives your county case manager, tribal entity or health plan representative a way to make sure that you:

- Meet your basic health and safety needs AND
- Stay within the state and federal guidelines for allowable services and supports.

Part 2 Plan Development and Implementation

2.1 Making the Plan

A. Where do I begin?

This is an opportunity to re-design parts of your life and it deserves careful thought. Start by asking yourself how the services and supports you need can be arranged to allow you to live your life the way you want.

This process is called person-centered planning. Consumer Directed Community Supports (CDCS) allows greater flexibility in tailoring services to meet individual needs and preferences. It is through a person-centered planning process that you determine what, where, when, how and from whom you will receive the help you need. You can choose who will help you with this process, including family, friends and formal providers, if you wish. The plan reflects services and supports designed by you to meet your identified needs and achieve goals and outcomes you desire.

Person-centered planning starts with asking yourself what your needs are. You will also want to consider your interests, your talents and skills, your goals, your relationships and preferences. It's a lot to think about, but an orderly thought process will help. You might ask yourself:

- What areas of my life do I hope to improve?
- What areas of my life do I need extra support in?
- What kinds of supports do I need?
- How would I like my services to be delivered?
- Who would I like to deliver my services?
- Would they be the best people to do it?

Listing ideas in a logical order will help you shape your plan more easily:

1. What are your needs?
2. How are they met now?
3. What is the best and most efficient way to meet your needs?
4. Are there other ways to meet your needs that might be better?
5. Are there changes you could make that would better suit your life or your goals?
6. What could improve your ability to live in the community?
7. How much will it cost to pay for the services you need?
8. What role do you want to take in managing/employing the people who provide services and supports to you?

There are various approaches to person-centered planning that are being used today by many people across the country. Some people will choose to develop their plan with little or no assistance using the person-centered planning process, while others may want more support in plan development.

For more information on Person-Centered Planning, see **Appendix H.**

B. What is flexible case management?

If you feel that you need more professional help to develop your Community Support Plan, you can use a service called flexible case management. Flexible case management is an optional service that can help you decide what will work best for you. A flexible case manager is a person who has been certified by the Department of Human Services as someone who understands the CDCS service and the process of developing a Community Support Plan.

A flexible case manager and can help you:

- Develop your Community Support Plan using a person-centered planning approach
- Find services and supports
- Make arrangements for purchases and delivery of services and supports
- Help solve problems that may occur
- Help monitor your Community Support Plan.

You choose your own flexible case manager. There are fees for this service, but you can negotiate the payment rate with the flexible case manager and use part of your CDCS budget to pay for it.

C. What should I put in my plan?

Once you have your thoughts organized and you have gathered the information you need, you are ready to write the plan. **Appendix G** provides one option for a Community Support Plan, but you can choose to write the plan however you like. Your county case manager, tribal entity or health plan representative may also have a plan that you can use. The Community Support Plan MUST describe the:

- Supports and services you need and plan to use
- Cost of each support or service
- Qualifications of the people that will provide you the services or supports
- Training you want those people to have
- Plan to monitor the services or supports.

You must be sure that your services and supports address the needs that were assessed when the county case manager, tribal entity or health plan representative completed the assessment and screening process. For a person on the AC, CADI, CAC, EW and TBI programs, the assessed information was gathered through the Long-Term Care Consultation process. For a person on the MR/RC Waiver, the assessment information was gathered during the Developmental Disability (DD) Screening process. Your county case manager, tribal entity or health plan representative will share the assessment results with you.

Make sure you describe the goals and outcomes you hope to achieve through your CDCS services and supports. This will allow you to evaluate whether the plan is working for you or whether you need to make changes.

Finally, make sure you address how your health and safety will be maintained by the plan you have put together.

D. How do I know what services and supports to choose?

CDCS has range of allowable services and supports that can be tailored to meet your needs. The flexibility built into CDCS allows you to describe services and supports in ways that are meaningful to you. It also allows you to design services and supports that are unique to you and BEST meet your identified needs.

Although CDCS has been designed with as much flexibility as possible, there are some limits on what can be purchased. When making your plan, it is important to remember that all of the following conditions must be met.

The services and supports you purchase MUST:

1. Be required to meet the identified needs and outcomes in your Community Support
2. plan AND
3. Provide a good alternative to going into an institution to live AND
4. Be the least costly alternative that reasonably meets your identified needs AND
5. Be only for your benefit.

If the services and supports in your plan meet ALL of the above conditions, then they are appropriate to buy when they are reasonably necessary to meet the following outcomes:

- Maintain your ability to remain in the community
- Enhance your community inclusion and family involvement
- Develop or maintain your personal, social, physical, or work related skills
- Decrease your dependency on formal support services
- Increase your independence
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support to you.

Appendix E is a list of services and supports that may or may NOT be purchased with your CDCS budget. It is important that you refer to this list when making your plan.

E. What are the four categories of services and supports I can choose from?

There are four categories of services and supports that may be paid for through your CDCS budget. Your Community Support Plan MUST include who will provide the services and supports, what they will do for you and what qualifications and/or training you want them to have. The sections below represent examples only and do not list every possible use.

Personal assistance

Personal assistance: When you need someone to do things for you or remind you to do things. The following are examples of this category:

- Assistance with things you do everyday such as dressing, grooming, bathing, eating or assistance in getting around

- Assistance with shopping, meals, cleaning, managing your finances, communicating by telephone or other means, getting around and participating in community activities.

You may choose to pay a parent of a minor or your spouse to provide personal assistance services to you. There are certain conditions you MUST know when you are considering paying a parent of a minor or a spouse to provide services and supports. You will find this important information in **Appendix F.**

Treatment and training

Treatment and training includes services that promote your ability to live in and participate in the community. The following are examples under this category:

- Assistance with learning something new
- Assistance with re-learning something you used to do
- Specialized health care such as private duty nursing.

Often these services need to be provided by someone who meets the certification or licensing requirements in state law related to the service. You can find more information about verifications of nursing licenses on the Minnesota Board of Nursing Web site: http://www.nursingboard.state.mn.us.

Environmental modifications and provisions

Environmental modifications and provisions are services and supports needed for you to help you live in your home and support going out in the community. Environmental modifications and provisions also includes services and supports required to maintain your health and well-being.

The following are examples under this category:

- Help with cleaning/chore services
- Special clothing adapted for you
- Modifications to where you live
- Assistive technology.

* Costs up to $5,000 for modifications or assistive technology must come out of your annual budget. Costs exceeding $5000 may be outside of your annual budget. The county may authorize additional funding for assistive technology and home and vehicle modifications. This exception does NOT apply to the Elderly Waiver.

Self-direction support activities

Self-direction support activities are services, supports and expenses related to designing and implementing CDCS. This category is used for defining the fiscal support entity (FSE) services and their fees in the plan.

The following are examples under this category:

- Advertising to find support workers
- Liability insurance and workers compensation insurance
- Employer shares of benefits
- Assistance in hiring and keeping support workers
- Development and implementation of your Community Support Plan
- Hiring a flexible case manager to track and monitor your CDCS services.

You may also purchase other waiver or Alternative Care services with your CDCS budget and include them in your Community Support Plan.

Appendix D provides the category of CDCS that each waiver or Alternative Care service may be listed in.

F. Who can I hire?

Now that you have decided what services and supports you need, it is time to think about who you want to provide them to you.

CDCS allows you the flexibility to arrange and pay for services and supports in a way that best fits your needs. You can choose to hire your own support workers or pay for assistance with hiring support workers. Advertising and word-of-mouth can be helpful.

Here are some things to think about when considering who you should hire to help you:

- What you need a person to do for you and how you want it done?
- What would you want a person to know about you and the tasks you need completed?
- How often do you need help (how many days a week, how many hours in a day)?
- How often in the day do you need someone with you?
- Do you need more than one person?
- Who do you know who may be willing to help you or helps you now?

The person or persons you hire could be immediate family members, friends, neighbors or co-workers. You may want to place an ad in the newspaper or go to an employment or government agency or a combination of any of these.

G. Can I purchase services from a formal provider?

A formal provider for purposes of this handbook is enrolled with MA to provide MA State plan, waiver or Alternative care services. Examples include in-home family supports, PCA and homemaker. You may already be receiving services from a formal provider agency. You can choose to continue receiving services from that agency.

It is important to remember that if you choose services from a formal provider you are accepting all of the policies and procedures that formal provider operates under including their provider qualifications, hiring/discharging policies, background check requirements, scheduling and what wages the formal provider will pay its staff.

If you choose to hire staff from a formal provider, how do you pick the provider? The first step is finding out what providers are available in your community. Ask yourself the following questions?

- What kind of experience do I want a provider to have?
- Have I heard anything good about a certain provider?
- Do I already know someone who works for a local provider?
- What providers have helped me in the past?
- Does the provider allow me to negotiate what they will pay staff?

H. What else should be in my plan?

The Community Support Plan can include a mix of paid and non-paid services and supports. Expenses you might incur in setting up your services (for example, advertising for support workers you want to hire) should also be included. Only expenses in the plan can be paid for with your CDCS budget.

Fiscal support entity services

A fiscal support entity (FSE) is the MA or Alternative Care-enrolled provider for your CDCS services. The FSE bills MA for your CDCS services and can assist you in paying for your services and supports and support workers. The FSE can also help you with employer-related responsibilities including doing your employer tax filings.

An FSE must offer a range of support services that allows you to have as much choice as you want in employing, managing and paying for your services and supports.

In addition an FSE must:

- Complete and submit a readiness review to the Department of Human Services
- Enroll with MA as a service provider
- Enter into a written agreement with you and your support workers
- Know of and comply with Internal Revenue Service requirements to process employer and employee deductions.

All services and supports paid for out of your CDCS budget MUST be detailed in the plan, including your FSE services. FSE services will be defined under the self-direction support activities category.

For fiscal support entity (FSE) services, the Community Support Plan must include the following:

- Name of the FSE
- Services chosen

- Cost of services
- Annual cost

You will want to know what the rates will be for the FSE you choose so that you can be sure to add them into your plan. There is a list of FSEs on the Department of Human Services Web site at http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_017635.hcsp. The list includes the maximum fees that each FSE charges.

Check with your county case manager, tribal entity or health plan representative about the FSEs that they contract with and what rates they negotiated in their contract. The FSE you choose should also have this information. Make sure you shop around. FSE rates vary from provider to provider and depend on what services you choose to buy from the FSE. Remember that the FSE fees come out of your budget so choose wisely!

People who give you direct service and support

All services must be detailed in the plan for each person who helps you.

The Community Support Plan must include:

- Job or service of each person
- How much and how often will the service or support be provided (for example, twice a week for 2 hours)
- Begin and/or end dates (time frame in which service or support is expected to be provided)
- Provider qualifications (training, education and/or certification or licensure required if necessary)
- Rate/unit cost (cost per hour for that service)
- Annual cost (yearly total for that specific service)

Formal providers

For each formal provider you plan to use, the Community Support Plan must include the following:

- Name of each formal provider
- Waiver or Alternative Care service being provided
- How much and how often the service or support will be provided
- Begin and end dates (time frame for delivery of service)
- Provider qualifications (if the CSP identifies qualifications beyond those required for the service)
- Rate/unit cost
- Annual cost

Community resources

Community resources include services available to the public. For each community resource you plan to use, the Community Support Plan must include the:

- Type or description of the service or support
- Number of units per year (if applicable)
- Rate/unit cost
- Annual cost

For example, Morgan swims in a community pool twice a week as part of his physical therapy. The pool fee is $5.00 for each visit, so it comes to $10.00 each week and $520.00 each year.

Goods within environmental modification and provisions

When using CDCS for services and supports such as modifications, you may have to do some research to find out what the usual costs are of services and supports in your community. For example, if you are planning modifications to a home or vehicle, get a few estimates from licensed professionals who might do the work for you. Then you can begin to divide up your budget in the most efficient way.

For each type of goods you use, the Community Support Plan must describe:

- Name of the item
- Quantity
- Cost per item
- Annual cost (total yearly cost for that specific item)

For example, Eric needs a wheelchair ramp to get into his house. Based on the estimates he had done the lumber will cost about $1000.00 and the labor will cost about $500.00. He also needs grab bars in his bathroom to help him transfer safely. The grab bars will cost about $250.00 and the labor to install them will cost about $150.00.

Contact information

All Community Support Plans should include information as to who should be contacted if you:

- Have problems with services or supports
- Experience major changes in your life
- Are treated unfairly or are being abused or neglected.

Emergency backup plan

How your needs will be addressed during an emergency also need to be included in the plan. Emergencies can include support workers not coming to work or the power going out. However they could also put you in a life threatening situation. So you need to think about what kinds of services or supports you will need in an emergency and include them in your plan.

Background checks

You should consider whether or not you want the people who provide direct services or supports to you to have a criminal background check done. Criminal background checks can be an important tool for you to determine if you want someone providing direct care to you or not.

Your FSE can help you get the background check done and will bill for the cost of the background check. The cost of the background check DOES NOT come out of your budget when you choose to have a background check done. You must include information in your plan on which support workers you choose to do background checks on and which ones you will not do background checks on.

If you decide to have a background check done, you MUST follow through on the results of the background check. So, if you have a background check done on someone you want to hire and the background check comes back with results that would disqualify the person, you cannot hire that person.

If you choose to use an agency as your agency with choice that requires background checks, the cost of the background check is included in the administrative rate for that agency, which comes out of your budget.

If you select a waiver or Alternative Care service that requires a formal provider to have a background check, then the cost of the background check is included in the rate for that waiver or Alternative Care service, which comes out of your budget.

For more information regarding Background Studies you may visit the Bureau of Criminal Apprehension Web site: http://www.dps.state.mn.us/bca/bca.html or call Investigations at (651) 793-7000.

2.2 Approving the Plan

Once your plan is written, it MUST be approved before it can be put into action. Your county case manager, tribal entity or health plan representative has 30 days from the date they receive the written plan to make an approval decision on your plan. So, your Community Support Plan must be submitted to the county case manager, tribal entity or health plan representative at least 30 days before you want your plan to start.

A. What is the CDCS approval process?

You and/or your representative will meet with your county case manager, tribal entity or health plan representative to review your plan you to see how your planned services and supports meet identified needs, whether CDCS service planning requirements are met and if health and safety needs are met.

The county case manager, tribal entity or health plan representative will also ask certain questions about services including:

- Is the service necessary for your health and safety?
- Will the service help develop and/or maintain skills you may need or already have?

- Is the service an allowable expense under state guidelines? **(See Appendix D)**
- Is the service paid for by any other funding source (MA non-waiver services, private health insurance, Medicare, education funding or Vocational Rehabilitation Service Funding)?
- Is the cost of the service thought to be reasonable and customary?

Based on the review of the plan the county case manager, tribal entity or health plan representative may:

- Approve the plan
- Ask for additional information if needed
- Suggest changes to the plan as needed to meet service or health and safety needs
- Deny the plan.

If the plan is approved, you and the county case manager, tribal entity or health plan representative will sign and date the plan. The county case manager, tribal entity or health plan representative will enter a service agreement into the MMIS system. You and the FSE that you have chosen will get a copy of the service agreement in the mail.

Your Consumer Support Plan MUST be renewed and approved at least yearly by the county case manager, tribal entity or health plan representative.

B. What if my plan is not approved?

The county uses the Notice of Action (DHS-2828) to notify you of changes to CDCS services. This notification must occur at least ten calendar days before the new plan starts, unless you are exiting CDCS is due to an involuntary exit. This notice will:

- Describe all actions that affect services
- Let you know what the planned action is (new plan, item or amount included or excluded on the service agreement)
- Let you know how to ask for an appeal if you do not agree with the planned action.

If you and your county case manager, tribal entity or health plan representative do not agree on your plan, you have a couple of options:

Informal agency conference

A county case manager, tribal entity or health plan representative may offer an informal agency conference to settle disagreements and explain why your plan was not approved. This gives you a chance to explain your idea for the plan and the goal you were trying to accomplish. Perhaps you and your county case manager, tribal entity or health plan representative can work out some simple changes that will accomplish what you want and still meet their approval.

Although informal and conciliation conferences are available in law for MR/RC Waiver consumers, ANY consumer can request these meetings to settle disputes.

Appeal hearing

Even if you schedule an informal agency conference, you should also file a formal appeal with the State of Minnesota. A formal appeal has to be filed within a certain amount of time. If the disagreement is settled informally, the appeal can be withdrawn. If the informal conference does not solve the problem, your right to appeal has been reserved for you.

The county case manager, tribal entity or health plan representative will inform you about your appeal rights when services are asked for, denied, changed or stopped.

If you want to appeal the decision, you MUST make your appeal request within 30 days of receiving the notice that an application for CDCS is denied, or not acted on in a reasonable time frame, or within 30 days of the point in time when services are denied, changed or stopped.

Federal law requires that decisions be issued within 90 days of the date the hearing is requested. A request for a fair hearing can be made through your county case manager, tribal entity or health plan representative OR you can send a letter to:

Minnesota Department of Human Services
Director, Appeals and Regulation Division
444 Lafayette Road North
St. Paul, MN 55155-3813

The telephone number for the Appeals and Regulation Division is (651) 297-1489.

2.3 Putting the Plan Into Action

A. Where do I go from here?

Now that your Community Support Plan is written and approved, it is time to put it into action. You must first meet with your fiscal support entity (FSE).The FSE is the MA provider for your CDCS services. The FSE will bill the state for CDCS services and in turn pay other parties, as identified in your plan and approved by you. Your FSE will give you orientation information for you and your service and support workers. You and your support workers must enter into a written agreement with your FSE that, at a minimum, clearly states the following:

- Roles and responsibilities of all parties
- Consequences for non compliance with FSE and Minnesota Department of Human Services policies and procedures
- FSE services to be provided and fees that will be charged to your CDCS budget.

When controlling your own services, you take on certain responsibilities. Directing your own services is a bit like managing a small business. And, like any small business, you have the option of hiring financial professionals to perform some or all of the employment tasks. Your FSE will help you manage and distribute the funds in your CDCS budget and perform many other tasks.

Examples of other services you may purchase from the FSE if you want to:

- Process employment documents (INS forms, IRS forms)
- Manage employment related taxes (Social Security and Medicare, FICA, Federal Unemployment Tax or FUTA, State Unemployment Tax, SUTA)
- Process timesheets
- Provide training
- Hire support workers
- Purchase support items.

You may do the above tasks yourself, and use your budget for other things. However the FSE is always the enrolled provider.

An FSE who provides you with support workers and is the employer may NOT assist you in developing your Community Support Plan. Also, if the FSE has any direct or indirect financial interest in any of the other services in your plan (personal assistance, treatment and training, environmental modifications and provisions), that relationship must be disclosed to you in writing.

Once you have completed all of the necessary paper work with your FSE, you may begin your services as described in your approved Community Support Plan.

B. How do I monitor my plan?

When using CDCS, you must remember to monitor your services and supports. Keep records of what you buy and be sure that your support workers are doing what your Community Support Plan said they would do. Make sure you get information including receipts and time sheets to your FSE on time so they can bill MA or Alternative Care and in turn pay for your services and supports. You must keep a record of all of the services and supports provided to you such as receipts and time sheets in case they need to be reviewed by the county or state.

Once a month your FSE will send you information on your CDCS budget. The information will tell you how much of your budget you spent in that month and how much is left. Your FSE will tell you if you are spending more or less than your Community Support Plan allows.

C. How do I revise and make changes to my plan?

When using CDCS, you may minimally revise the way that a CDCS service or support is provided without the involvement of the county case manager, tribal entity or health plan representative. This happens when the revision does not fundamentally change what was authorized by the county case manager, tribal entity or health plan representative in the initial Community Support Plan. Approval is not needed if the outcome meets the need.

Examples include:

- Changing support workers
- Shifting time of day service is delivered

- Changing wages while staying within the individual CDCS budget, unless the wages were specifically approved by the required case manager.

For example, a homemaker comes to the consumer's home to do laundry and the consumer decides to send it to the local laundromat instead.

If a revision results in a significant change or modification of the approved Community Support Plan, you will work with the county case manager, tribal entity or health plan representative to have the Community Support Plan reviewed and re-authorized. Examples include:

- Changing the way that needs are being met
- Using technology instead of support workers to meet needs
- Using support workers instead of home modifications
- Increasing or decreasing hours worked
- Change in background checks
- Adding new services and supports
- Changing qualifications and/or training.

D. What happens if CDCS doesn't work for me?

CDCS is not for everybody. It requires a lot of work on your part to be sure your plan is working for you. Your county case manager, tribal entity or health plan representative will give you some help if you find that you cannot keep track of your CDCS services or are having trouble finding people to provide you with services and supports. The county case manager, tribal entity or health plan representative may suggest that you find someone who can help you more, possibly a flexible case manager.

If the county case manager, tribal entity or health plan representative finds that you are having trouble managing CDCS or feels your health and safety is at risk, and they have tried to help you at least three times, they can stop your CDCS services. If this happens you will have to meet with your county case manager, tribal entity or health plan representative to decide what other services would work better for meeting your needs. You have the right to appeal if you do not agree with the county's decision. (See Section 2.2 B, page 14.) However, you must use other waiver services until the appeal is completed.

E. What about fraud and misuse of CDCS funds?

The State of Minnesota defines fraud as:

"Knowingly and willfully executing or attempting to execute a scheme to defraud any health care benefit program."

Examples of fraud would be putting false information on a timecard or billing for a service you did not receive. If you have questions on what fraud or misuse of funds is talk with your county case manager, tribal entity or health plan representative. The Surveillance and Integrity Review Section (SIRS) of the Department of Human Services identifies and investigates all suspicions of fraud, theft and abuse.

To protect yourself from fraud or abuse:

- Document all the services and supports you receive.
- Save all your MA or Alternative Care paperwork.
- Look at each bill and payment for accuracy.
- Talk to your county case manager, tribal entity or health plan representative if you suspect fraud.
- Report suspected fraud and abuse to the US Office of the Inspector General at (800) 447-8477.

Also, if your county case manager, tribal entity or health plan representative feels that you have committed fraud or misuse, they can stop CDCS services immediately and offer you MA State plan OR other waiver OR Alternative Care services while the investigation of the fraud is being conducted.

Part 3 Protections

3.1 Reporting Abuse of Children and Vulnerable Adults

People who use Consumer Directed Community Supports (CDCS) have rights and protections under the Minnesota state law that governs the Reporting of Maltreatment of Minors and Vulnerable Adults. Guidelines to remember are that:

1. If you know or suspect that a child is being neglected or abused, or has been abused within the last three years, you MUST report your suspicion to the local social services agency, police department or county sheriff's office as soon as you can.
2. If you know or suspect that a vulnerable adult is being maltreated, or if you know of a vulnerable adult who has a physical injury that cannot be reasonably explained, you should report the information to the Common Entry Point immediately.

The county social services agency may investigate a report if the information you give them meets the definitions in the child protective services or vulnerable adult laws. Local law enforcement may also play a role, as it would with any citizen.

Reports of maltreatment are to be made immediately – as soon as possible, but no later then 24 hours from the time that the incident occurs.

All support workers hired by families through CDCS are considered mandated reporters, that is, people who are required by law to report abuse or maltreatment. This means that if they have knowledge that maltreatment has occurred, they MUST make a report.

3.2 Reporting Procedures

A. Common Entry Point–For reporting maltreatment of vulnerable adults

Each county has one place to take reports of suspected abuse and maltreatment of vulnerable adults, called a Common Entry Point (CEP). The Common Entry Point is available 24 hours a day. In some counties, it is a law enforcement office, in others it might be the Red Cross or a crisis line, but in every county, it is the place best prepared to receive a report of abuse. If you are worried about fraud or abuse of a vulnerable adult, contact the Common Entry Point in your county.

You can find a Common Entry Point telephone number for your county in the Statewide Common Entry Point Directory on the MN Board of Aging Web site:

http://www.mnaging.org/seniors/vulnerableadults/cepd.html

If you don't have access to the Internet, you can contact the Minnesota Board on Aging at (800) 882-6262 and ask for the Common Entry Point number for your county.

IF IT IS AN EMERGENCY, CALL 911.

B. Child protection

If the person who is being maltreated or abused is a minor (a child under 18 years of age), the report is made to Child Protection Services or the police. To find the telephone number for Child Protection, contact your county human services agency.

IF IT IS AN EMERGENCY, CALL 911.

3.3 Ombudsman Office Protections

An ombudsman is an independent government official whose job is to help you with your complaints about government agencies, outside agencies that are regulated by the government and/or the people who work for those agencies. The ombudsman is the government's way to help you get fair treatment by your government. If you think you have been wronged, you can contact the ombudsman and explain the situation.

There are two ombudsmen for waiver and Alternative Care programs:

- State Office for the Ombudsman for Mental Health and Mental Retardation
- Ombudsman for Older Minnesotans (Can also include those under age 65 years with other disabilities)

A. Functions of the Ombudsman for Older Minnesotans:

- Resolve disputes and complaints through mediation, negotiation, education or referral to appropriate state or federal enforcement agencies or legal services
- Provide information and education about your rights, laws and regulations
- Provide information and education about the financing of health care and long-term care services
- Call for reform through state and federal legislation and the health care and social services system to enhance your quality of life and services.

Concerns or questions handled by the Ombudsman Office include:

- Quality of services
- Consumer rights
- Termination of services
- Service agreements or care plans
- Building sanitation and safety
- Access and referrals to services
- Appeals
- Fees and billing
- Public benefit issues

To locate an ombudsman, call our toll-free number: (800) 657-3591 (TDD/TTY please call 711).

B. Ombudsman for Mental Health and Mental Retardation

The State Office for the Ombudsman for Mental Health and Mental Retardation can provide support you when you use CDCS. These ombudsman services include:

- Individual case review
- Dispute mediation
- Facility reviews
- Death and serious injury reviews
- Civil commitment training and resource center

You can call the Ombudsman for Mental Health and Mental Retardation Office at:

(651) 296-3848 (metropolitan area)

Toll- free at (800) 657-3506

Or you can visit their Web site at: http://www.ombudmhmr.state.mn.us

C. Managed Care Ombudsman

The Ombudsman for State Managed Health Care Programs:

- Assists persons enrolled in a health plan for their Medical Assistance, General Assistance, Medical Care and MinnesotaCare health benefits in resolving service related problems, to ensure that medically appropriate services are provided
- Provides information about the managed health care complaint and appeal process available through the health plan and the State.

You can call The Ombudsman for State and Managed Health Care Programs at:

(651) 296-1256 (metropolitan area)

Toll-free at (800) 657-3729 ext. 61256

Appendices

Appendix A: Review – CDCS Process

Here is a simple review of the process of accessing and using CDCS:

1. Choose the CDCS option (See 1.2 C. Is CDCS right for me? Page 2) .
2. Receive your annual CDCS budget limit (See 1.2 D How much is my CDCS budget? Page 3).
3. Write your Community Support Plan (See 1.3 Community Support Plan (CSP) Page 3).
4. Choose your fiscal support entity (See 2.1 H What else should be in my plan? Page 10).
5. Find potential support workers (See 2.1 F. Who can I hire? Page 9).
6. Get approval for your Community Support Plan (See 2.2 Approving the Plan, page 13)

Appendix B: Role of the County Case Manager, Tribal Entity or Health Plan Representative in CDCS

Responsibility – County case manager, tribal entity or health plan representative	Must	May
Verify your eligibility for the CDCS service option	X	
Provide you with information about CDCS services and supports so you can make an informed choice	X	
Give you a budget amount	X	
Help you plan for the services and supports you need		X
Make sure that CDCS meets your health and safety needs, personal preferences and desired outcomes, and stays within your budget	X	
Help you design a Community Support Plan around your wants, assessed needs and the available resources		X
Verify that the services you've planned are within state and federal guidelines	X	
Provide you with a list of qualified fiscal support entities to choose from for your mandated and optional fiscal support services	X	
Approve your plan or inform you of your right to appeal if your plan is not approved	X	
Monitor that supports do not duplicate other services you receive	X	
Verify that the training, experience and/or education requirements of the support workers providing your services meet your health and safety needs	X	
Monitor the services provided as often as needed or required	X	
Evaluate the provision of services for continued eligibility	X	
Inquire or survey your satisfaction with CDCS, and report it to the state.	X	

Appendix C: Role of the Consumer Checklist

CDCS is designed to allow you to manage your own services and supports, but with increased control comes increased responsibility and accountability. If you choose to participate, you will be responsible to:

- ☐ Contact your county case manager, tribal entity or health plan representative, so you can receive an annual CDCS budget limit.
- ☐ Develop a Community Support Plan detailing all planned uses of your annual budget, including services and supports to be purchased, numbers of support workers, types of support workers, amount of work and costs.
- ☐ Work with the county case manager, tribal entity or health plan representative to check and approve the Community Support Plan.
- ☐ Notify the county case manager, tribal entity or health plan representative in the event of any changes in need so you can change your Community Support Plan.
- ☐ Maintain Medical Assistance or Alternative Care eligibility in a timely fashion, to prevent interruption of services.
- ☐ Arrange for all needed service and supports, including the fiscal support entity services.
- ☐ Assure qualifications and competency of support workers.
- ☐ Hire, direct, manage, and if necessary, discharge support workers.
- ☐ Direct support workers within the rules of CDCS and according to state and federal employment laws.
- ☐ Maintain records of support workers' hours and wages, and supply information to your fiscal support entity in a timely fashion to ensure payments.
- ☐ Maintain a record of all one-time expenditures within the plan, and supply information to your fiscal support entity in a timely fashion to ensure payments.
- ☐ Produce all records for county, state or federal audits.
- ☐ Inform your county case manager, tribal entity or health plan representative of any difficulties you encounter as you secure and maintain your own supports.

Consumers who employ their support workers are responsible for the following tasks or they may choose to hire others to:

- ☐ Conduct criminal background checks on potential support workers, as identified in your Community Support Plan, or have those checks done by your fiscal support entity.
- ☐ Acquire and maintain necessary insurance coverage.
- ☐ File all employer related taxes or have your fiscal support entity complete.
- ☐ Keep all tax and insurance records, or have these records kept by your fiscal support entity.

Appendix D: Service Categories by Waiver

A person who chooses CDCS is able to purchase services and supports that are available under waiver or Alternative Care programs. The following table provides a guide for determining which CDCS service category each waiver or Alternative Care service may fall into. It is important to understand these are just recommendations. The category your services will fall under will depend on how you describe that service.

MA Home Care Services	Possible CDCS Service Category
County Public Health Nurse (PHN) Face-to-Face Assessment Visit for Personal Care Assistant Services (PCA)	Treatment and training
Home Health Aide	Personal assistance
Licensed Practical Nurse (LPN) Private Duty	Treatment and training
Occupational Therapy	Treatment and training
Occupational Therapy Assistant	Treatment and training
Personal Care Assistance Services – Provider Organization (PCPO)	Personal assistance
Supervision Personal Care Assistant Services (PCPO)	Personal assistance
Physical Therapy	Treatment and training
Physical Therapy Assistant	Treatment and training
Respiratory Therapy	Treatment and training
Registered Nurse (RN) Private Duty	Treatment and training
Skilled Nurse Visit	Treatment and training
Skilled Nurse Visit – Telehomecare	Treatment and training
Speech Therapy	Treatment and training

CADI Waiver Services	Possible CDCS Service Category
Reminder: you must use a state plan home care service before you can use the related waiver extended home care service. For example, if you are on the CADI Waiver, you must use the home care service "personal care assistant services" before you can use the waiver service "personal care assistant services – extended."	
Adult Day Care	Treatment and training
Adult Day Care Bath	Personal assistance
Case Management (Flexible Case Management Only)	Self-direction support activities
Case Management Aide (Paraprofessional)	Self-direction support activities
Family Counseling and Training	Treatment and training
Home Delivered Meal	Environmental modifications and provisions
Home Health Aide, Extended	Treatment and training
Homemaker	Personal assistance
Independent Living Skills	Treatment and training
LPN (Regular Home Health, Extended; Shared Home Health, Extended 1:2)	Treatment and training
LPN (Complex Home Health, Extended)	Treatment and training
Modifications	Environmental modifications and provisions
Occupational Therapy or Assistant, Extended Home Health	Treatment and training
Personal Care Assistant (Extended 1:1, Extended 1:2; Extended 1:3)	Personal assistance
Physical Therapy or Assistant, Extended Home Health	Treatment and training
Prevocational Services	Treatment and training
RN (Regular Home Health, Extended; Shared Home Health, Extended 1:2)	Treatment and training
RN (Complex Home Health, Extended)	Treatment and training
Respiratory Therapy, Extended Home Health	Treatment and training
Respite Care (In-home; Out-of-home)	Personal assistance
Speech Therapy, Extended Home Health	Treatment and training
Supplies and Equipment	Environmental modifications and provisions
Supported Employment	Treatment and training
Transportation (One-Way Trip)	Environmental modifications and provisions
Transportation - Mileage	Environmental modifications and provisions
Transportation - Mileage (Noncommercial Vehicle)	Environmental modifications and provisions
Transportation - Attendant	Personal assistance

CAC Waiver Services	Possible CDCS Service Category
Reminder: you must use a state plan home care service before you can use the related waiver extended home care service. For example, if you are on the CAC Waiver, you must use the home care service "personal care assistant services" before you can use the waiver service "personal care assistant services – extended."	
Case Management (Flexible Case Management Only)	Self-direction support activities
Family Counseling	Self-direction support activities
Family Training	Treatment and training
Foster Care	Treatment and training
Foster Care	NOT ALLOWED under CDCS
Homemaker	Treatment and training
Homemaker	Personal assistance
LPN (Complex Home Health, Extended)	Treatment and training
Modifications	Treatment and training
Modifications	Environmental modifications and provisions
Nutritional Therapy, Extended	Treatment and training
Occupational Therapy or Assistance, Extended	Treatment and training
Physical Therapy or Assistance, Extended	Personal assistance
Prescription Drugs, Extended	Treatment and training
Prescription Drugs, Extended	Treatment and training
RN (Complex Home Health, Extended)	Treatment and training
RN (Complex Home Health, Extended)	Treatment and training
Respiratory Therapy, Extended	Treatment and training
Respiratory Therapy, Extended	Treatment and training
Speech Therapy, Extended	Personal assistance
Supplies/Equipment	Treatment and training
Supplies/Equipment	Environmental modifications and provisions
Transportation (One-Way Trip)	Environmental modifications and provisions
Transportation - Mileage	Environmental modifications and provisions
Transportation - Attendant	Environmental modifications and provisions

MR/RC Waiver Services	Possible CDCS Service Category
Reminder: you must use a state plan home care service before you can use the related waiver extended home care service. For example, if you are on the MR/RC Waiver, you must use the home care service "personal care assistant services" before you can use the waiver service "personal care assistant services – extended."	
Adult Day Care	Treatment and training
Assistive Technology	Environmental modifications and provisions
Caregiver Training and Education	Treatment and training
Case Management (Flexible Case Management Only)	Self-direction support activities
Chore Service	Environmental modifications and provisions
Crisis Respite	Treatment and training
Consumer Directed Community Supports	Self-direction support activities
Consumer Training and Education	Treatment and training
Day Training and Habilitation	Treatment and training
Environmental Modifications	Environmental modifications and provisions
Homemaker	Personal assistance
Housing Access Coordination	Personal assistance
In-Home Family Support	Treatment and training
Live-in Personal Caregiver Expenses	Personal assistance
Personal Care Assistant Services (PCA)—(Extended 1:1; Extended 1:2; Extended 1:3)	Personal assistance
Personal Support	Personal assistance
Respite Care (In-home; Out-of-home)	Personal assistance
Specialist Service	Treatment and training
Supported Employment	Treatment and training
Supported Living (Adult; Child)	Treatment and training
Transportation, Extended	Environmental modifications and provisions
24-Hour Emergency Assistance	Treatment and training
Transportation, Extended	Environmental modifications and provisions

TBI Waiver Services	Possible CDCS Service Category
Reminder: you must use a state plan home care service before you can use the related waiver extended home care service. For example, if you are on the TBI Waiver, you must use the home care service "personal care assistant services" before you can use the waiver service "personal care assistant services – extended."	
Adult Day Care	Treatment and training
Adult Day Care Bath	Personal assistance
Behavioral Programming (by Professional; Analyst; Specialist; Aide)	Treatment and training
Case Management (Flexible Case Management Only)	Self-direction support activities
Case Management Aide (Paraprofessional)	NOT ALLOWED under CDCS
Chore Services	Environmental modifications and provisions
Cognitive Therapy (by Professional, Extended; by BA/ BS Personnel, Extended)	Treatment and training
Companion Services	Personal assistance
Family Counseling and Training	Treatment and training
Foster Care	NOT ALLOWED under CDCS
Home Delivered Meals	Environmental modifications and provisions
Home Health Aide, Extended	Treatment and training
Homemaker Services	Personal assistance
Independent Living Skills (Counseling; Maintenance)	Treatment and training
Independent Living Skills Therapies (ILS: Individual; Group)	Treatment and training
LPN (Regular Home Health, Extended; Shared Home Health, Extended 1:2)	Treatment and training
LPN (Complex Home Health, Extended)	Treatment and training
Mental Health Explanation of Findings, Extended	Treatment and training
Mental Health Psychological Testing, Extended	Treatment and training
Modifications	Environmental modifications and provisions
Night Supervision	Treatment and training
Occupational Therapy or Assistant, Extended Home Health	Treatment and training
Personal Care Assistant (Extended 1:1; Extended 1:2; Extended 1:3)	Personal assistance
Physical Therapy or Assistant, Extended Home Health	Treatment and training
Prevocational Services	Treatment and training
RN (Regular Home Health, Extended; Shared Home Health, Extended 1:2)	Treatment and training
RN (Complex Home Health, Extended)	Treatment and training
Residential Care	NOT ALLOWED under CDCS
Respiratory Therapy, Extended Home Health	Treatment and training

Respite Care Worker (In-home)	Personal assistance
Respite Care (Out-of-home)	Personal assistance
Speech Therapy, Extended Home Health	Treatment and training
Supported Employment	Treatment and training
Structured Day Program	Treatment and training
Supplies and Equipment	Environmental modifications and provisions
Transportation (One Way Trip)	Environmental modifications and provisions
Transportation - Mileage	Environmental modifications and provisions
Transportation - Mileage (Noncommercial Vehicle)	Environmental modifications and provisions
Transportation - Attendant	Environmental modifications and provisions

Elderly Waiver Services	Possible CDCS Service Category
Reminder: you must use a state plan home care service before you can use the related waiver extended home care service. For example, if you are on the Elderly Waiver, you must use the home care service "personal care assistant services" before you can use the waiver service "personal care assistant services – extended."	
Adult Day care	Treatment and training
Adult Day Care Bath	Personal assistance
Assisted Living	NOT ALLOWED under CDCS
Assisted Living Plus	NOT ALLOWED under CDCS
Caregiver Training and Education	Treatment and training
Case Management (Flexible Case Management Only)	Self-direction support activities
Chore Services	Environmental modifications and provisions
Companion Services	Personal assistance
Corporate Foster Care	NOT ALLOWED under CDCS
Family Foster Care	NOT ALLOWED under CDCS
Home Delivered Meals	Environmental modifications and provisions
Home Health Aide, Extended	Treatment and training
Homemaker Services	Personal assistance
LPN (Home Health, Extended; Shared Home Health, Extended 1:2)	Treatment and training
Modifications and Adaptations	Environmental modifications and provisions
Personal Care Attendant (Extended 1:1; Ext. Shared 1:2; Ext. Shared 1:3)	Personal assistance
Residential Care	NOT ALLOWED under CDCS
Respite Care (Certified Facility; Hospital; In-Home and Out-of Home)	Treatment and training
RN (Extended Home Health; Extended Shared Home Health 1:2)	Treatment and training
Supplies and Equipment, Extended	Environmental modifications and provisions
Transportation, Extended	Environmental modifications and provisions
Transitional Services	Environmental modifications and provisions

AC Service	Possible CDCS Service Category
Reminder: you must use a state plan home care service before you can use the related waiver extended home care service. For example, if you receive Alternative Care services, you must use the home care service "personal care assistant services" before you can use the waiver service "personal care assistant services – extended."	
Adult Day Care	Treatment and training
Adult Day Care Bath	Personal assistance
Assisted Living	NOT ALLOWED under CDCS
Assisted Living Plus	NOT ALLOWED under CDCS
Caregiver Training and Education	Treatment and training
Case Management (Flexible Case Management Only)	Self-direction support activities
Case Management Conversion (Flexible Case Management Only)	Self-direction support activities
Chore Services	Environmental modifications and provisions
Companion Services	Personal assistance
Corporate Foster Care	NOT ALLOWED under CDCS
Environmental Modifications	Environmental modifications and provisions
Family Foster Care	NOT ALLOWED under CDCS
Home Delivered Meals	Environmental modifications and provisions
Home Health Aide	Personal assistance
Home Health Service (Skilled Nurse)	Treatment and training
Homemaker Services	Personal assistance
Nutrition Service	Treatment and training
Personal Care Assistant (1:1; Shared 1:2; Shared 1:3)	Personal assistance
Private Duty Nursing (LPN regular, shared, or complex; RN regular, shared or complex)	Treatment and training
Residential Care	NOT ALLOWED under CDCS
Respite Care (Certified Facility; Hospital; In-Home and Out-of-Home)	Personal assistance
RN, Supervision of a PCA	Treatment and training
Supplies and Equipment	Environmental modifications and provisions
Transportation	Environmental modifications and provisions

Appendix E: Consumer Directed Community Supports Service Criteria for Expenditures

The purchase of services and supports must meet ALL of the following criteria:

1. Be required to meet the identified needs and outcomes in the consumer's Community Support Plan and assure the health, safety and welfare of the consumer
2. Collectively provide a feasible alternative to an institution
3. Be the least costly alternative that reasonably meets the consumer's identified needs
4. Be for the sole benefit of the consumer.

If all the above criteria are met, services and supports are appropriate purchases when they are reasonably necessary to meet the following consumer outcomes:

- Maintain the ability of the consumer to remain in the community
- Enhance community inclusion and family involvement
- Develop or maintain personal, social, physical, or work related skills
- Decrease dependency on formal support services
- Increase independence of the consumer
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support.

Allowable Expenditures	Unallowable expenditures
Consumer Directed Community Supports (CDCS) may include traditional services and supports provided by the waiver program as well as alternatives that support consumers. There are four general categories of services which may be billed: • Personal assistance • Treatment and training • Environmental modifications and provisions • Self direction support activities Additionally, the following services and supports may also be included in the consumer's budgets as long as they meet the criteria and fit into the above categories: • Goods and services that augment Medical Assistance State plan services or provide alternatives to waiver or state plan services	Services and supports that may NOT be purchased within the consumer's budget are: • Services provided to people living in licensed foster care settings, settings licensed by DHS or Minnesota Department of Health, or registered as a housing with services establishment • Services covered by State plan, Medicare or other liable third parties including education, home based schooling and vocational services • Services, goods or supports provided to or benefiting persons other than the consumer • Any fees incurred by the consumer such as Minnesota Health Care Programs fees and co-pays, attorney costs or costs related to advocate agencies, with the exception of services provided as flexible case management • Insurance except for insurance costs related to employee coverage • Room and board and personal items that are not related to the disability

Allowable Expenditures	Unallowable expenditures
• Therapies, special diets and behavioral supports not otherwise available through the State plan that mitigate the consumer's disability when prescribed by a physician who is enrolled as a Minnesota Health Care Programs provider • Expenses related to the development and implementation of the Community Support Plan • Costs incurred to manage the consumer's budget	• Home modifications that add any square footage • Home modifications for a residence other than the primary residence of the consumer or, in the event of a minor with parents not living together, the primary residences of the parents • Expenses for travel, lodging, or meals related to training the consumer or his/her representative or paid or unpaid caregivers • Services provided to or by individuals, representatives, formal providers or support workers that have at any time been assigned to the Primary Care Utilization and Review Program • Experimental treatments • Membership dues or costs • Vacation expenses other than the cost of direct services • Vehicle maintenance (does not include maintenance to the vehicle, unless the maintenance is to modifications related to the disability) • Tickets and related costs to attend sporting or other recreational events • Animals and their related costs • Costs related to internet access.

Appendix F: Paying Parents of Minors and Spouses

Under CDCS, the parents of a minor or a spouse may be paid for providing services and supports that fall outside what a parent would normally do for their child or what spouses would do for each other. Whenever a parent of a minor or a spouse is going to be paid to provide services and supports, your Community Support Plan should indicate that in the category of personal assistance.

Hours of Work Per Week

Parents of minors and spouses may NOT provide services and supports for more than 40 hours per week. For parents of minors, this is the total amount that may be provided regardless of whether both parents are providing the services and supports. This is true even if there is more than one child receiving services in the home.

For example, 13-year-old twins Sally and Sue agree to have both their parents provide some of their services and supports. Together, their mom and dad may be paid for up to 40 hours per week. So if mom is paid for 25 hours one week for direct service, dad may only be paid for 15 hours that week.

Assessment to Determine Eligibility

For a spouse to be able to provide services to their spouse, the service must be necessary to meet at least one assessed need that is identified in the Long-Term Care Consultation Screening Document. This is the screening that was completed when the person was found eligible for CAC, CADI or TBI Waiver services. You can get this information from your county case manager, tribal entity or health plan representative. For the MR/RC waiver, the county case manager, tribal entity or health plan representative will need to complete the Long-Term Care Consultation (LTCC) Screening Document.

For parents of minors to be able to provide services to their minor child, the service must be necessary to meet at least one assessed need that is identified in the Long-Term Care Consultation Services Form: Supplemental Form for Assessment of Children Under 18. (For children on CADI, CAC or TBI, this is the screening that was completed when the child was found eligible for waiver services. You can get this information from your county case manager, tribal entity or health plan representative. For children on the MR/RC waiver, your county case manager, tribal entity or health plan representative will assist you in completing this form).

Once the assessment is complete and it is determined that a parent of a minor or a spouse could be paid to provide services, the parents of minors and spouses must meet the qualifications described in the Community Support Plan.

When a spouse is chosen as a support worker, the Community Support Plan will show a documented informed choice by the consumer in selecting the spouse. Parents of minors should consider a child's age and include the child as appropriate when deciding whether to be paid as a provider of service for their child.

Payment for Services

Parents of minors and spouses may be paid only for personal assistance services they provide that fall outside what is normally expected they would otherwise do. For example, parents of minors or a spouse could not be paid to do grocery shopping or preparing meals because these are things that are done for the household in general.

Payment for services to the spouse or parent of a minor must not be more than payments allowed by DHS for personal care attendant (PCA) services (currently $14.92 per hour). Parents of minors and spouses must submit timesheets and any other documentation necessary to the fiscal support entity to be reimbursed.

A legal guardian, regardless of other relationships and appointed by a court as a legal representative, may be paid for either flexible case management OR a service under environmental modifications and provisions, personal assistant and treatment, but NEVER both. This will cover both parents of adult children who have guardianship and spouse who might have guardianship, as well as any other legal guardian.

Monitoring

All monitoring and reporting requirements for the CDCS service apply to spouses or parents of minors who are paid for direct service. However, certain additional requirements also apply:

- Work schedule plans must be available to the FSE, any variations to the planned schedule must be submitted to the FSE when billing.
- At least once every three months, counties or health plans must review the expenditures, and the health and safety of the consumer.
- Counties or health plans must conduct face-to-face visits with the consumer at least twice per plan year.

Legal Impact of Increased Income

When considering whether to pay a parent of a minor or spouse, it is important to remember that the payment for those services is income to the household. This could have a significant effect on your family's taxes and your financial eligibility for public services.

- TAXES - A family member being paid to provide services and supports must pay all required federal and state taxes on the income. For the person who does the work, it is income, and that makes it taxable.
- PUBLIC ASSISTANCE - If a parent or spouse is paid, the family earns more money, and that increase in income may affect the household eligibility for food stamps, public housing and other public sector programs.
- PARENTAL FEES - Increased household income could affect parental fees. Be sure to check with your county financial worker to calculate the impact on participation fees.

Community Support Plan

Minnesota Department of **Human Services**

Community Support Plan

The community support plan documents the services a consumer will use to meet their needs in order to remain in or return to the community. These services include the services accessed through a home and community based waiver and those services accessed without using waiver funding. This plan is developed by a county case manager or by the consumer who is intending to use the waiver service "consumer directed community supports." This plan is based on a consumer's needs, preferences and goals. The plan is developed once the consumer has been assessed by a county long-term care consultant. All community support plans must be person centered, developed with the consumer as opposed to for the consumer. All consumers who participate in Minnesota's long term care home and community based services must have a community support plan.

The community support plan is a description of:

- Consumer preferences, outcomes & assessed needs
- Services and supports to be used
- Safeguards to maintain ensure health and safety
- Budget and cost information
- Emergency backup plans and monitoring requirements

The plan may contain a mix of paid and un-paid services, formal and informal supports. It must meet all state and federal requirements.

This template has been developed to collect all the information needed by the county to approve and authorize services. Counties and consumers may create their own document but it must contain all the following information.

- Personal information – name, address, birth date, case mix , waiver type
- Plan information – time period for the plan, budget amounts, case manager information
- Consumer choices and outcomes – consumer goals and expectations, what she/he wants
- Consumer strengths and needs – the consumers point of view
- Identified health and safety issues
- How health and safety issues identified in the plan will be addressed
- Services and supports suggested by the professional to meet the consumers needs – this is a list of county case manager suggestions.
- Summary of the support plan
- Assessed needs – results of the assessment are recorded here.
- Summary of services needed to support the consumer – detailed list of all waiver services to be used, number of units and cost of services
- Consumer directed community supports service summary – list of all services and supports to be used, number of units, cost, and who will provide services. This section must also outline who will monitor the plan, what the provider requirements are, if background checks will be done, and what the backup plan will be.
- Caregiver planning

Clear Form Data

Minnesota Department of **Human Services**

Community Support Plan

Name _____ (FIRST / M. I. / LAST)

Address _____ (STREET / CITY / STATE / ZIP CODE)

PMI Number _____ Birthdate ____ / ____ / ____ (MONTH / DAY / YEAR) Phone _____ LTCC County ____

Assessment Date ____ / ____ / ____ (MONTH / DAY / YEAR) Reassessment? ☐ *Yes* ☐ *No* Reassessment Date ____ / ____ / ____ (MONTH / DAY / YEAR) Case Mix ____

CFR ____ Waiver Type ____ COR ____ The time period covered by the plan: ____ / ____ / ____ (MONTH / DAY / YEAR) to ____ / ____ / ____ (MONTH / DAY / YEAR)

Case Manager Name _____ Phone _____

I. Who will pay for the services? *(check all that apply)*

- ☐ Medicare
- ☐ Health Plan
- ☐ Medicaid
- ☐ Private Insurance
- ☐ Title IIIE
- ☐ Consumer

Costs:

Case Mix Monthly Amount or CAC Daily Amount $ _____

CDCS Monthly Budget $ _____

< 65 Amount $ _____

EW/SIS Waiver Contribution $ _____

AC Premium Amount $ _____

Plan is cost effective: ☐ *Yes* ☐ *No*

II. Consumer's desired outcomes and choices: (What the person wants to achieve or accomplish, how they want their life to be)

III. Consumer's strengths and needs:

IV. Identify consumer health and safety issues:

V. How will health and safety issues be resolved?:

VI. Services and supports recommended by the professional to meet the consumer's needs:

VII. Summary of support plan:

Assessment Results

Home Management

Needs	Assessment Score	Description of need	Supports requested by consumer
Shopping			
Light housekeeping			
Heavy housekeeping			
Laundry			
Money management			

Comments: _____

_____

_____

Assessment Results

Personal Assistance

Needs	Assessment Score	Description of need	Supports requested by consumer
Dressing Grooming			
Toileting Bathing			
Eating Preparing meals			

Personal Assistance continued on the next page ▶

Comments: _____

_____

Assessment Results

Personal Assistance

Needs	Assessment Score	Description of need	Supports requested by consumer
Positioning Transferring			
Walking Wheeling			

Comments:

Assessment Results

Supervision

Needs	Assessment Score	Description of need	Supports requested by consumer
Transferring			
Wheeling			
Mental Status Exam			
Self-preservation			
Orientation			

Supervision continued on the next page ▶

Comments:

Assessment Results

Supervision

Needs	Assessment Score	Description of need	Supports requested by consumer
Behavior			
Abuse/Neglect ☐ *Yes* ☐ *No*			
Medical			
Other			

Supervision continued on the next page ▶

Comments:

Assessment Results

Supervision

1. Frequency of contact _____

2. Mode/method of contact _____

3. Locations where supervision is required _____

4. Times of day supervision is required _____

5. Supervision initiated by provider? ☐ *Yes* ☐ *No* Initiated by consumer? ☐ *Yes* ☐ *No*

6. Does the client's assessment support the need for 24 hour supervision? ☐ *Yes* ☐ *No*

7. Qualifications of supervisory staff:

_____

_____

_____

Comments: _____

_____

_____

_____

Assessment Results

Health-related Needs

Needs	Assessment Score	Description of need	Supports requested by consumer
Clinical monitoring			
Special treatment			
Medication monitoring			
Self-evaluation of health			

Health-related needs continued on the next page ▶

Comments:

Assessment Results

Health-related Needs

Needs	Assessment Score	Description of need	Supports requested by consumer
Falls			
ER visits			
Nursing home stays			
Medical needs			

Comments:

Assessment Results

Supportive Services

Needs	Assessment Score	Description of need	Supports requested by consumer
Socialization			
Telephone use			
Transportation			
Caregiver services			
Making appointments			

Comments: _____

_____

_____

Summary of services

	Supports needed	Payer	Service	Provider	Procedure Code	Frequency	Units/ Month	Rate/ Unit	Monthly total
Home management									
Supportive services									
Health-related needs									

Summary of services continued on the next page ▶

Summary of services

	Supports needed	Payer	Service	Provider	Procedure Code	Frequency	Units/ Month	Rate/ Unit	Monthly total
Personal assistance									
Supervision									
							Total monthly cost		
							Total Annual cost		

Consumer Directed Community Supports Service Summary

Personal Assistance

Services/Tasks/Goods	Dates of Service	Frequency	Units/Month	Rate/Unit	Monthly Total	Annual Total

The Providers of Service will be:

The Provider qualifications are:

Training requirements are:

Consumer Directed Community Supports Service Summary

Treatment and Training

Services/Tasks/Good	Dates of Service	Frequency	Units/Month	Rate/Unit	Monthly Total	Annual Total

The Providers of Service will be:

The Provider qualifications are:

Training requirements are:

Consumer Directed Community Supports Service Summary

Environmental Modifications and Provisions

Services/Tasks/Good	Dates of Service	Frequency	Units/Month	Rate/Unit	Monthly Total	Annual Total

The Providers of Service will be:

The Provider qualifications are:

Training requirements are:

Consumer Directed Community Supports Service Summary

Self-direction Support Activities

Services/Tasks/Good	Dates of Service	Frequency	Units/Month	Rate/Unit	Monthly Total	Annual Total

The Providers of Service will be:

The Provider qualifications are:

Training requirements are:

Consumer Directed Community Supports

1. Background checks will be preformed on the following providers:

2. How will the plan be monitored? By whom? How often? When?

3. The emergency backup plan for this consumer is:

Emergency Contact Information

Name	Phone numbers	Relationship to consumer

Caregiver Planning Interview

Purpose: This section focuses on helping the caregiver make the necessary plans to successfully care for his/her family member and maintain a balanced lifestyle. Your task is to help caregivers create a plan for a broad network of support so they do not have to do their caregiving in isolation. Support networks that wrap around caregiver needs will help them achieve personal goals, cope better, stay healthy, and help sustain their ability to provide the care.

Part I – Clarifying Needs and Wants

1. Describe what you want for the person you are caring for (e.g., care, lifestyle, community and family involvement, living arrangement, etc.

2. Describe the kind of lifestyle you want for yourself while you care for this person (e.g., what's important to you and what do you do to enjoy yourself)?

3. Is there anything keeping you from getting the things you want and need? If so, please specify:

4. Who is in your family's current network of support and who are you willing to include? (e.g. other family, neighbors, friends, church, co-workers, licensed agencies, etc.) (Help the caregiver determine how this network can be developed and if there is a role any professional could play to facilitate this.)

5. What kind of help do you need (e.g., help with care; financial; emotional support; social; spiritual; employer assistance, time away, etc.)?

6. Here is a list of typical services used by caregivers. Do any of these interest you?

- ☐ Information
- ☐ Exercise & Relaxation Activities
- ☐ Therapy or treatment for depression
- ☐ Home modifications and assistive devices
- ☐ Outside chore/homemaking help
- ☐ Employee assistance programs
- ☐ Self-help materials
- ☐ Adult Day Care
- ☐ Assistance with legal, insurance, or financial issues
- ☐ Social activities and connections to support systems (e.g., telephone, visits, outings)
- ☐ Education about how-to provide care , disease, etc.
- ☐ Mentoring
- ☐ Faith-based support
- ☐ Peer counseling or support groups
- ☐ Assistance with child care
- ☐ Help with meals, shopping, errands
- ☐ Home care/nursing care
- ☐ Family or individual counseling
- ☐ Coaching

Part II. Developing an Action Plan for Wrap-Around Support for the Caregiver

7. Would you like someone from Senior LinkAge Line® to contact you about the different kind of help available to Caregivers? ☐ YES ☐ NO

   If yes, what is a good time to contact you: _____

8. Check materials given to caregiver: ☐ Caregiver Journal ☐ Caregiver Brochure ☐ Senior LinkAge Line information
   ☐ Minnesota Board on Aging Caregiver Web Site ☐ Depression information

9. List the plans or activities you would like to pursue for yourself to help you with your caregiving job or what you need assistance with:

Specify necessary follow-up; who will do, and when:

Choosing Community Long Term Care:

1. Were you allowed to choose between receiving services in the community and a nursing home? ☐ *Yes* ☐ *No*
2. Did you get to choose from different types of services that could meet your needs? ☐ *Yes* ☐ *No*
3. Did you get to choose providers you prefer from a list of providers? ☐ *Yes* ☐ *No*
4. Did you help develop the support plan? ☐ *Yes* ☐ *No*
5. Do you agree with the services, supports and providers in the plan? ☐ *Yes* ☐ *No*
6. Are you going to apply for Minnesota Health care programs? ☐ *Yes* ☐ *No*
   (You have a right to apply for these programs because they may help you pay for services.)

Comments:

Signatures

Consumer (or Guardian) signature _____ Date _____

Signature of person approving this plan _____ Date _____

Support Plan was mailed/given on (date): _____ Application for MHCP submitted ☐ *Yes* ☐ *No*

Appendix H: Web Resource List on Person-Centered Planning

The Consumer Directed Toolkit contains a variety of resource materials to assist consumer direct and manage their own supports. Section 5 of the toolkit focuses on person-centered planning. Consumer Directed Toolkit: http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_029442.pdf

Minnesota Governor's Council on Developmental Disabilities, click on Publications: http://www.mncdd.org/

Two manuals are available through the Research and Training Center on Community Living, a division of the University of Minnesota:

Increasing Person-Centered Thinking: Improving the Quality of Person-Centered Planning - A Manual for Person-Centered Planning Facilitators (PDF): http://www.rtc.umn.edu/pdf/pcpmanual1.pdf

Training Person-Centered Planning Facilitators: A Compendium of Ideas (PDF): http://www.rtc.umn.edu/pdf/pcpmanual2.pdf